File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

**Reset Form** 

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

A ETHICS AND

COMMITTEE NAME (Myst be same as on Statement of Organization) **FORM** DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 07/2007) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) School Board or Other PAC (10) School Board Other PAC (10) School For Office Use Only 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged ka Candidate Name Political Party (if applicable) Scanned Computer Office Sought District (if Senate or House) Audited ct to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a Late reports are OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. ING A Indicate by # (report date) ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

#### For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE, NAME (Must be same as on Statement of Organization)

Reset Form	SCHEDULE	
	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	. —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	I RELATIONSHIP	AMOUNT	1 / 15 505
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	TO THE AND ADDITED OF CONTRIBUTOR	TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/30/08	ID#	Contributions		\$ 134	
	ID#	G. Mumas Fairclangh		2500	
	ID# CK#	Soux City IA Gene Schultz Scaux City IA		2500	
	ID# CK#	John Cazznis Srown City IA		2500	
	ID# CK#	Minnie Darrough Sicux City IA		30°	
5	ID# CK#	William Backholte Stoud City, Int		1000	
	ID# CK#	David Bernstein Soux City IA		100°	
10/30/08	ID# CK#	Some City IA		100°E	
11/7/08	ID# CK#	Unspecified Cash Contr. butins		12500	
	ID# CK#	Unspecified Cosh Centrebutions	·	30°	
			SUB-TOTAL	s6070c	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of \_\_\_\_

TOTAL (if last page of this schedule)

## For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Word bary Orunty Demonstry (What Committee	, ae		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	I RELATIONSHIP	AMOUNT	J IC COD
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	√ IF FOR FUND-
(IVIIVIDD/TK)	NUMBER		(if applicable)		RAISER INCOME
11/	ID#	Town Day Company			INCOME
177/	CK#	Lowa sen campaign		SONSE	
. 106		Jour Den Comprign Des Moines FA		70	
	ID#	Galby Uhlir			
$\sim$	CK#	Soling William		7500	
	15.4	Scoux City Ist		/3	<u> </u>
	ID#	William Backhaltz		,00	
(	CK#			10	
	ID#	Scoax City IA		10	
	10#	Frank Cosgrave		, , 00	
)	CK#	Saux City IA Act 8/4e		100	
	ID#				
		Jesu Logan		, are	
	CK#	Scoax Coly IA		10	
	ID#	In to Later District		~~	
1/7/1/2	CK#	mitchell Putrons		5100	
. //8		Cordule IA		$\mathcal{L}$	L
111 1	ID#	Wayne Samuelson		<b>43</b>	
1/25/2	CK#	CONTRACTOR STATE OF THE STATE O		700	
/40	ID#	Scoup City Delegate for		4	
	IU#	Bruce lear		7,00	
/	CK#	Ch. Oh. to		ZN	
<del>  / </del>	ID#	Eric New house		-0	
		Eric New house		200	
/ /	CK#	Source City Ist Delife		6	
	ID#	June ( ) of a long seque			
	CK#				
	UI\#				<b>!</b>
······································			SUB-TOTAL	20/32	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If summame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

Reset Form

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Officiality) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Pum Rombei CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	<u></u>	of	3
-	 	-	

K POOL NAME	
April 19 19 1 19 19 19 19 19 19 19 19 19 19 1	100

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF				

1 / 1	ENAME (Myst be	same as on Statement of Organization)	1 Committee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/35/06	ID# CK#	King havy Electronic Systems Sour City It	Electronic Reviel TV-Reception	\$ 200°C
10/34/02	ID# CK#	Mail Hause Swax City IA	Fund Roiser Pistage	101 43
19/30/08	ID# CK#	Perkins Office Solution Scancity IA	is Cipy Mochné Rental	401 39
10/3/08	ID# CK#	SC Parking UC Sioux City, IA	Parking Changes tex	1260
10/50/8	ID# CK#	South Pasuporuson Snow City IA	Act Blue poss-thry Traum Cowton bottoni	10000
11/7/08	ID# CK#	Act Blue Internet	Service Changes Cosquore Contrib	395
4/16/08	ID# CK#	Esgles Club Soux City IA	Space Rental Flee Late Reception	150°°
11/16/08	ID# CK#	Dure Somsky Scan City IA	Reimhursement 140 afric Jupplies	16 18
		7	SUB-TOTAL TOTAL (if last page of this schedule)	\$ 985 75

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2	of	_3

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK **NUMBER** ID# CK# SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	3_	of	
------	----	----	--

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM	FOR	INSTR	UCTIONS	SEE	BACK	OF	FORM
------------------------------------	-----	-------	---------	-----	------	----	------

NOTE: Debts p	AME (Must be same as on Statement of Organization)  Avy Duwy Duwarsh c Duwar	Reset Form	C	INCURRED INDEBTEDNESS CHECK THIS BOX F AMENDING ORM
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERIO CLUDE LOANS SHOW LOANS ON SCHEDULE I	F)	goods or s received, end of the regardless has been	red debt" is a debt for services ordered or but not paid for by the reporting period., s of whether an invoice received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED ( PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11/20/08	J.V. Squared U.C. 520 NOBrasks St # 233 Scurx City IA 51101	Allocation of Ut. 1. tres for Office space		125987
12/108	US Post office Sionx City IA	PO Box Red Pee		1900
1/1/08	Record Printing Simulity IA (in Depute)	Printing 4 Md Dernices Adver		904 30
11/08	Gwest Grand Juratin Co	Telephone	Ha	61 16
17/08/8	United Fire Group Ceder Kopid= IA	Ciohil. ty In	5.	2800
		•		
<u> </u>		SUB	-TOTAL S	
if only of Green	TOTAL DEBTS OWED BY COMMITTEE AT TOTAL DEBTS OWED BY COMMITTEE BY TOTAL DEBTS OWED BY TOTAL DEBTS O	HE END OF THIS REPORTING I	PERIOD	227233

**SCHEDULE** D

**INCURRED** 

(for Schedule D)

CANDIDATE COMMITTEES NOTE:
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEE NAME	(Must be same a	Democotri (entre) Comm. Hea
		50/1000 V-C (2001 6) COM M1//303
•	,	

SCHEDULE E (Rev. 06/97)	IN-KIND
C CUEC	/ TI !!! O DOY !!!

Reset Form

CHECK THIS BOX IF AMENDING FORM	

DATE		RELATIONSHIP	DE000:		
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE  * (if applicable)	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
07/	Chris Jensen	(п аррпсаме)	Coses de	VALUE \$	CONTRIBUTION
109/88	Scoux City IA		Dottled Wotor	7000	
07/1	Denvis Los		Affice Cleaning	<i>C</i> 0	
07/10/08	Sat Bluff IA		Supplies HO	1500	
			000	75	<del></del>
07/15/8	Margo El-Zeini		Soft Drive.	1700	
	Sioux City TA		Ftruit HO	21	<u> </u>
07/16/18	12m Marsh_		Cepairs - HQ	7700	
	Sroax City IA		Nd/Cons	12	
07/25/8	Gray Galcher		Office Geowing	150 44	
	Soux CHy IA		Sapplies HO	186	L
07/29/08	John Gray		Beerdrottin	14483	[]
/ • •	SiouxCity Is		Gors Rocast	1070	
08/01/08	Jackie Smith		Fad Supplies	-200	
19/08	Scoax Cary JA		40	15	L
08/1	alan Kirrett		Reportments	1000	<u> </u>
08/01/08	Scool City TA		140	10	
08/,	Gene Hill		(Sodder Ale	00	
08/18/08	Sioux City IA		Dehinet 9	50	
09/01/08	Rich Mullin		Camport Sulphus	- oe	
/4/08	Swax Coty IA		(3) used	750	
	JIVAL ON Y DIF		SUB-TOTAL	\$ 27	
				\$132( <sup>27</sup>	
			TOTAL (if last page of this	\$	
			schedule)		
			L.		

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME (Must be same	ne as on Statement	t of Organization)	1 16 1
Woodbury Count	ry Jem	ociotic (en	to Committee
,	/		Reset Form

SCHEDULE	
E	IN-KIND
(Rev. 06/97)	CONTRIBUTIONS
	CTHIS BOX IF DING FORM

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8/8/08	Scoux Coly IA		afreely/60	40=	
03/10/08	Soux City FA		Supplies	5565	
123/08	Shirley Fineron Sow City IA		Food Far Yoluntous/Staff	6210	
09/27/08	Christenera Born Hums Scoax Culy IA		Progressive Pinher Host	1350	
•	Rick & Sur Mullin Soux Gty IA		Dune v Host	135	
	Roger & Avite Wendt Slook City IA		Draw Host	13500	
)	Dennis & Jackie Smith Scoux City FA		Progressive Dimen Host	13500	
	Greg & Yum. Ko Gulcher Sioux Gty IA		Progressive Duknov Host	135	
\$	Brod & Mary Kay Kollars		Progressive Dimortoris	1350	
09/27/08	Steve & Jeanne. Avery Slock City IA		Drogrosive Divor Hists	13500	
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$/462 <sup>75</sup> \$	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_\_ of \_\_\_\_\_ (for Schedule E)

COMMITTEE NAME (ME	ust/De same as on S	Statement of Organization)	•. ]
Wood being	Coante	Stapement of Organization)	Commen Har
7	7		
			Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	CTHIS BOX IF DING FORM

DATE					
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
09/20/08	Tim & Roule Clousen Scoux City Is		Progressie Dimontos	135°	
10/1/08	Corry Steinbrecher Signic Chy #4		Soft dinks of United Staff	3/20	
10/16/08	Glenn Porrett Savux Coby IA		Med To Staff & Columbia HO	55°E	
10/11/08	Bernove Redmand Scoully IA		Modfastall Fudundous Ha	Zyce	
10/11/08	Glenn Porrett Swax City TA		SHAT WANTERS	400	
10/13/18	Glenn Powell Spax Culy FA		Front for Staff 9 Udanton HO	400	
10/3//68	Mary Munger Scoux City IA		Snacks fr Staff Ha	35	
H/r1/08	Gene Hill Smx CHy JA		Swelf 9, 3) Hollands State W. Ho	Z0°	
11/01/08	Fric New house Scoux Coly IA		affiérypts 140	35,86	
11/01/08	Jackie Wornstalt Scourcificated		Ford for Staffar Whistor	40°E	
			SUB-TOTAL	\$ 455 86	
			TOTAL (if last	\$	
			page of this schedule)		
			301104416)		_

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 (for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)			Reset Form		SCHEDULE  E IN-KIND  (Rev. 06/97) CONTRIBUTIONS  CHECK THIS BOX IF  AMENDING FORM		
DATE		DEL ATIONOUS					
RECEIVED MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION		
1	David Campia		Call Marke	\$			

DATE		DELATIONOLUD	T	<del></del>	
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
1915-31/	Paul Seamon SouxChy It		Food/Mests Ja H9Stal/Wont	275°	
11/04/08	Tim Bothero Snow Coly FA		Street moter Buttony Ho	50°C	
	·		•		
			·	·	
	•				
			,		
	·				
SUB-TOTAL				\$ 776	<del></del>
TOTAL (if last page of this				356458	
			schedule)	וטינ	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.